



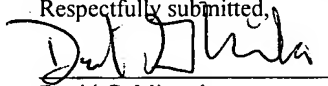
# TRANSMITTAL FORM

Express Mail Mailing Label No.  
EV 931175085 US

Application Number	10/658,352
Filing Date	09/09/2003
First Named Inventor	Smith
Group Art Unit	2616
Examiner Name	Tran, Phuc H.
Attorney Docket No.	SNS-005
Patent No.	Not applicable
Issue Date	Not applicable

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input checked="" type="checkbox"/> Copy of Fee Transmittal Form <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> including Replacement Drawings [Total Sheets 15] <input checked="" type="checkbox"/> Petition for Extension of Time <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement <input checked="" type="checkbox"/> Form PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations (C1) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Additional Enclosure(s) (please identify below)
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CORRESPONDENCE ADDRESS	SIGNATURE BLOCK
Direct all correspondence to: Patent Administrator Proskauer Rose LLP One International Place Boston, MA 02110-2600 Tel. No.: (617) 526-9600 Fax No.: (617) 526-9899	Respectfully submitted,  David G. Miranda Attorney for the Applicant(s) Proskauer Rose LLP One International Place Boston, MA 02110-2600 Date: December 11, 2007 Reg. No.: 42,898 Tel. No.: (617) 526-9620 Fax No.: (617) 526-9899

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**FEE TRANSMITTAL**

FY 2007-1 P E

DEC 11 2007

Complete if Known

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Docket No.	SNS-005
Filing Date	09/09/2003
First Named Inventor	Smith
Group No.	2616
Examiner Name	Tran, Phuc H.
Confirmation No.	2114

**METHOD OF PAYMENT**

☒ Payment Enclosed:  
☐ Check ☐ Money Order ☐ Other

☒ The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-3081.

- ☒ Required Fees (copy of this sheet enclosed).  
☒ Additional fee required under 37 CFR 1.16 and 1.17.  
☒ Overpayment Credit.

☐ Applicant claims small entity status. (deduct 50%)

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	Filing	Search	Examination	Fee Paid
Utility	310	510	210	
Design	210	100	130	
Plant	210	310	160	
Reissue	310	510	620	
Provisional	210	0	0	

Small Entity Discount

**1. TOTAL****2. EXCESS CLAIM FEES**

Fee Small Entity Fee (\$)

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent. 50 25  
 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent. 210 105

Total Claims Extra Claims Fee Paid (\$)

- 20 or HP= x \$ =

HP = highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee Paid (\$)

- 3 or HP= x \$ =

HP = highest number of total claims paid for, if greater than 3

Multiple Dependent Claims	Fee (\$)	Small Entity fee (\$)	Fee Paid (\$)
	370	185	

**2. TOTAL:****3. APPLICATION SIZE FEE**

If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$260 (\$130 for small entity) for each additional sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Additional 50 or fraction thereof	Fee (\$)	Fee Paid
-100=	0	/50=	round up to a whole number x	= 0.00

**3. TOTAL:****CORRESPONDENCE ADDRESS**

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 Patent Administrator  
 Proskauer Rose LLP  
 One International Place  
 Boston, MA 02110  
 Tel. No.: (617) 526-9600  
 Fax No.: (617) 526-9899

**FEE CALCULATION (continued)****4. ADDITIONAL FEES**

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	Request for ex parte re-examination	
120	60	Extension for reply within 1 <sup>st</sup> mo.	
460	230	Extension for reply within 2 <sup>nd</sup> mo.	460.00
1,050	525	Extension for reply within 3 <sup>rd</sup> mo.	
1,640	820	Extension for reply within 4 <sup>th</sup> mo.	
2,230	1,115	Extension for reply within 5 <sup>th</sup> mo.	
510	255	Notice of Appeal	
510	255	Filing a brief in support of an appeal	
1,030	515	Request for oral hearing	
400	0	Petitions to the Director	
180	180	Submission of Supplemental IDS	180.00
810	405	Filing a submission after final rejection (37 CFR 1.129(a))	
810	405	For each additional invention to be examined (37 CFR 1.129(b))	
100	100	Certificate of Correction for applicant's error	
130	65	Submission of Terminal Disclaimer	

Other fee (Specify)

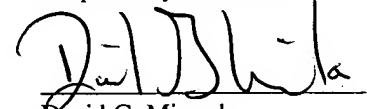
Other fee (Specify)

**4. TOTAL:** \$640.00**TOTAL AMOUNT SUBMITTED**

(\$) 640.00

**SIGNATURE BLOCK**

Respectfully submitted,



David G. Miranda  
 Attorney for the Applicant(s)  
 Proskauer Rose LLP  
 One International Place  
 Boston, MA 02110-2600

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